

Executive Forum

“Rebranding CICP”

Colorado Indigent Care Program

Presented by: Nancy Dolson, Director,
Special Financing Division

Mar-15



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Department of Health Care
Policy & Financing

Our Mission

Improving health care access and
outcomes for the **people** we serve
while demonstrating sound
stewardship of financial **resources**



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Objectives

- Progress update since last Executive Forum
- Exchange ideas for preserving CICP as a safety net while transforming the program through:
 - **CICP policy changes**
 - **Financial restructuring**
- Set policy course for next six months

CICP 2013-14 Statistics Update

- CICP Clinic Providers
 - 66,996 unique clients
 - Decrease of 17,219 clients, 20% decrease over 2012-13
 - \$6,059,760 in funding - No change in funding level
- CICP Hospital Providers
 - 93,200 unique clients
 - Decrease of 31,034 clients, 25% decrease over 2012-13
 - \$308,469,011 in funding - Increase of \$9,293,587, or 3.1%, over 2012-13.

Progress Update

- Creation of Policy Change Status Sheet
- CACP financial eligibility requirements
 - Equity threshold for vehicles will increase to \$7,500
 - Deduction for medical expenses under discussion
 - Rejected notion to increase income eligibility threshold to 400% FPL
- CACP policy changes
 - Positive sentiment to allow write-off of dental services. Continued discussion on details.

Comments on Updates



CICP Policy Changes

Policy Goal: Encourage utilization of subsidized health insurance while preserving the CICP safety net.

Three Policy Options for Consideration:

1. Require private insurance
2. Uninsured limited to emergency/urgent services
3. Must use insurance network for nonemergency care

Require Private Health Insurance to Be Eligible for CICP

Favorable Aspects

- Patients can receive all services allowed within insurance policy
- Providers have a guarantee of reimbursement for services
 - Larger reimbursement than CICP or Medicaid
 - Coverage can be verified more efficiently

Drawbacks

- Patient may not maintain insurance beyond financial screening
- Provider must verify insurance prior to performing services
- More costly for the patient
- Patient left with no health discount if insurance policy lapses
- Even with subsidies, health insurance is unaffordable for many

Uninsured Limited to Emergency/Urgent Services

Favorable Aspects

- Encourages CICP clients to obtain health insurance
- CICP remains available as a safety net

Drawbacks

- Primary and preventative care needs may go unmet

Insured Must Go In-Network for Non-Emergency Care

Favorable Aspects

- Encourages utilization of health insurance networks and benefits

Drawbacks

- Reduces CACP charges eligible for write-off

Discussion on Possible CICP Policy Changes



Next Steps for CLCP Policy Changes

Based on today's discussion, our next steps are. . .



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Financial Restructuring

Policy Goal: Efficiently provide services to eligible clients, do not harm providers financially, and simplify administration of the CICP.

Three Policy Options for Consideration

1. Create a Medicaid Buy-In for CICP Clients
2. Create a Health Insurance Buy-In for CICP Clients
3. Create a Grant Program for CICP Providers

Medicaid Buy-In

Favorable Aspects

- Eligible clients will receive full Medicaid benefits
- Providers have a guarantee of reimbursement for services
- Allows more Coloradans access to Medicaid
- Eliminates CICP financial screening process
- Provider can verify eligibility through tools currently in place

Drawbacks

- Increase in Medicaid eligibility caseload for counties and MA sites
- Will require CMS approval of a waiver
- Will require State legislation and regulation changes
- Not financially viable under current CICP funding levels

Health Insurance Buy-In

Favorable Aspects

- Patients can receive all services allowed within insurance policy
- Providers have a guarantee of reimbursement for services
 - Greater reimbursement than CACP or Medicaid
 - Coverage can be verified more efficiently
- Eliminates screening for CACP

Drawbacks

- Will require federal waiver from CMS
- Will require State legislation and regulation changes
- Not enough CACP dollars to sustain coverage
- Where is the safety net for those who cannot afford deductibles

CICP Grant Program

Favorable Aspects

- Broad policies set by the Department; administrative policies and procedures developed by provider
 - Department involved at high level, not individual case circumstances
- Providers are in control of how dollars are spent
- Departmental oversight and reporting likely simplified
- Funding known in advance

Drawbacks

- Likely inconsistencies among providers
- Possibly creates limitations to access to care
- Will require legislation and regulation changes

Discussion on Financial Restructuring



Next Steps for Financial Restructuring

Based on today's discussion, our next steps are. . .

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Thank You!
See you in October.



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